

L110000036677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

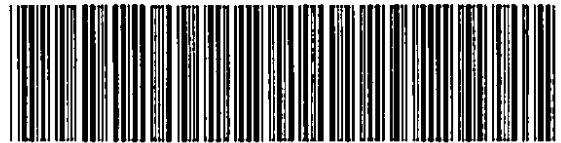
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800397719618

11/21/21 - 01918 017 4-25-21

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/21/21 BY 11/21/21

FEB 20 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EJI Creative LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Anthony

\_\_\_\_\_  
(Contact Person)

EJI Creative LLC

\_\_\_\_\_  
(Firm Company)

26 Broadway

\_\_\_\_\_  
(Address)

Kissimmee, FL 34741

\_\_\_\_\_  
(City State and Zip Code)

For further information concerning this matter, please call:

Robert Anthony

407 846-1816

at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EHL Creative LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000036677



3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/11/2022

4. I, Elise Coren Anthony, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2022 NOV 21 AM 5:49  
TALLAHASSEE, FLORIDA